



Report of: St Georges Urgent Treatment Centre

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2019

Subject: Priority 12: The best care, in the right place, at the right time – Update on the St Georges Urgent Treatment Centre (UTC) development

Are specific geographical areas affected? If relevant, name(s) of area(s): South Leeds area, predominantly Middleton, Beeston and Rothwell Hunslet	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. NHS England published the national mandate regards UTC in July 2017, which stipulated the need to standardise the urgent care offer providing to reduce variation and to make it easier for the public to know where to go when they have an urgent care need.
2. This paper provides an overview of the development to date of UTCs in Leeds through the Unplanned Care and Rapid Response programme of the Leeds Health and Care Plan including learning from St Georges Centre and next steps.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the role of the Unplanned Care and Rapid Response programme of the Leeds Health and Care Plan to progress the development of UTCs in line with the Leeds Health and Wellbeing Strategy.
- Provide feedback and continue to support the development of the UTCs across the city using learning from St Georges UTC and the next steps outlined.

1 Purpose of this report

1.1 The purpose of the report is to:

- Raise awareness of the national mandate and rationale behind the development of Urgent Treatment Centres (UTCs);
- As part of the Leeds Health and Care Plan, inform members of the vision and aims of the Leeds Unplanned Care and Rapid Response Strategy and how UTCs supports delivery;
- Update members on the development of the St Georges UTC, the learning from implementing the first designated UTC in Leeds and how we will use this learning when widening out the UTC provision across Leeds;
- Seek continued support from members around the development of UTCs across the city.

2 Background information

2.1 The Leeds Health and Wellbeing Strategy is our blueprint for how Leeds will become the Best City for Health and Wellbeing; a city where the poorest improve their health the fastest. Working together as a joined up health and care system is essential to its delivery.

2.2 Our Leeds Plan¹ is key in delivering the health and care components of the Strategy by looking forward to what the city wants health and care to look like in the future and bringing together a set of transformational actions to achieve this. That is why as part of its work programme, Unplanned Care and Rapid Response, has a focus on progressing UTCs is a key piece of transformational work that is clearly aligned to the delivery of our Leeds Health and Wellbeing Strategy through *Priority 12: The best care, in the right place, at the right time* in addition to others.

2.3 Nationally, NHS England published the national mandate regards UTCs in July 2017.² The mandate stated the current mix of urgent care services was confusing to the public, giving too much variation in terms of clinical offer, opening times and geographical locations. The mandate stipulated the need to standardise the urgent care offer, through the application of the 27 specified core standards. Offering a more consistent and standardised offer will reduce the variation, making it easier for the public to know where to go when they have an urgent care need. In Leeds, delivery was coordinated as through the Leeds Unplanned Care and Rapid Response Strategy as part of the Leeds Health and Care Plan. This programme of work aims to ensure that people get rapid help when they need it and allow them to return to managing their own health and care in a planned way.

¹ Leeds Health and Care Plan on a Page (<http://inspiringchangeleeds.org/wp-content/uploads/2018/08/MASTER-Leeds-Health-and-Care-Plan-PoP-20180313-V6.pdf>)

² NHSE UTCs – Principles and Standards July 2017 (<https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>)

- 2.4 The aims of the Unplanned Care and Rapid Response Strategy are to:
- Improve access into unplanned health and care services
 - Deliver a standardised urgent health and care response
 - Ensure people needing urgent or emergency care receive the best possible care
- 2.5 The provision of UTCs clearly supported the achievement of these aims as well as the wider Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan. By reducing the variation in urgent care services across the city the system will be simplified and therefore access will be improved, as well as people's experience and outcomes. UTCs also support the 'left shift' approach in the provision of care into the community as they develop and integrate further with:
- Local Care Partnerships;
 - Primary Care Networks;
 - Leeds Teaching Hospital Trust;
 - Ambulance Trust (NHS 111 and 999 services);
 - Local Authority (Adult & Health and Children & Families Services);
 - Leeds and York Partnership Foundation Trust (acute and community services)

3 Main issues

- 3.1 As part of the Leeds Health and Care Plan, the Unplanned Care and Rapid Response Strategy envisages the development of UTCs across the city in both acute and community settings. St Georges Centre in Middleton, South Leeds was the pilot Urgent Treatment Centre for Leeds and the first community based UTC to be developed in West Yorkshire. It started operating in shadow form in March 2018 and NHS England designated it as an official Urgent Treatment Centre in December 2018, one of the first in the North of England.
- 3.2 The Urgent Treatment Centre currently includes the following elements of service:
- Minor illness service (8am to 6pm Mon-Fri)
 - Minor injury service (8am to 11pm , 7 days a week)
 - GP's in the out of hours period (6pm-11pm Monday-Friday and 8am to 11pm weekends)
 - Works collaboratively with the Leeds GP Confederation acting as the hub for Extended Access appointments.
- 3.3 The minor injury service and the GP 'out of hours' period was already in existence when the St Georges Centre was a Minor Injury Unit. To convert the Minor Injury

Service into a UTC, two new services were implemented; these being the minor illness service and working in collaboration with the Leeds GP Confederation to offer Extended Access appointments. It is hoped that the minor illness service will soon go live 8am-6pm on a weekend also, giving a 7 day service offer.

- 3.4 A system wide collaborative approach was taken to work towards the successful compliance of the 27 core standards for St Georges (as stipulated in the NHS England mandate). A steering group was established which met monthly, with representatives across all system partners with a common purpose of establishing the UTC at St Georges.
- 3.5 The steering group generated positive, open and honest, trusting relationships which were maintained throughout the process of achieving designation for St Georges UTC. This collaborative approach was the key success factor, as a number of the core standards could only be achieved by working across organisational boundaries, reviewing and improving referral pathways and sharing information, knowledge and expertise.
- 3.6 The ambition for Leeds is to develop five UTCs due to the size of the city. We aim to have two co-located UTCs, next to the Accident and Emergency Departments at St James University Hospital and Leeds General Infirmary, and three community based UTCs. These will be St Georges, Wharfedale and potentially one in the Seacroft area of the city.
- 3.7 St Georges Centre has been well used by the local community for at least 20 years. Due to the community knowing it is there, what is on offer, and that they have always gone there and received a good level of service when they had an urgent care need, people naturally attend the service.
- 3.8 Equally, since the additional minor illness service has been included in the UTC offer, there has been a noticeable increase in the number of people attending the UTC for minor illness as well as minor injury. This increase in activity is potentially due to:
- Word of mouth about the new service available;
 - Public perception that it is quick and convenient to attend the UTC;
 - People feeling the service they receive is a good service
 - People telling us they experience difficulties accessing their general practice.
- 3.9 Due to the above and other factors, it is important to recognise that people are now presenting at St Georges UTC with conditions (minor illness) that could have been dealt with in routine general practice settings. As highlighted below, further work is ongoing to understand this trend and to explore how we can better enable people to access appropriate services to get best care, in the right place, at the right time in line with Priority 12 of the Leeds Health and Wellbeing Strategy.
- 3.10 We have also developed some case studies from our learning to date outlined in the appendix.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 A formal 12 week public engagement period has recently finished (running from 21 January until 15 April 2019) which asked the general public about their thoughts on the NHS Leeds CCG's proposals for five UTCs in the city including the one at St Georges Centre.
- 4.1.2. To ensure people had a number of opportunities to share their views we offered people the chance to complete the survey either in hard copy or online (both versions also available in easy read). In addition, we ran formal engagement events, drop-in sessions, a social media campaign and advertised this through an online radio streaming service called DAX. In line with the strategic direction of the Leeds Health and Wellbeing Board, we worked closely with Voluntary Action Leeds with a focus on obtaining the views of the protected characteristic groups/seldom heard cohorts of the population.
- 4.1.3. Our approach was supported by citywide partners and as a result we've had feedback from well over 3,000 people. The findings of the engagement are currently being analysed by an independent agency.
- 4.1.4 Our engagement activity highlighted the importance of involving a range of service users who may have differing needs such as those arising from sensory impairments. Therefore we're committed to involving, listening and learning from a range of people with differing needs in further developing the St George's UTC such as signage and access into the building.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The NHS has a statutory duty to involve and as part of this has to pay due regard to actively seeking the views of those people who belong to the protected characteristics under the equality act. To help us understand and identify the needs of those protected characteristics we undertook an equality impact assessment (which can be found within our engagement plan accessed from: www.leedsccg.nhs.uk/get-involved/your-views/urgent-treatment-centres/).
- 4.2.2 This then helped us understand any gaps in our knowledge regarding how people from within these communities currently access urgent care services, the impacts that these changes might have and their needs. In addition to this we broadened the scope to look at other groups who might also be disadvantaged when accessing healthcare services such as those from lower socio-economic backgrounds, people who work and those with certain health conditions with people experiencing mental ill health being one such group.
- 4.2.3 We provided an opportunity for all communities to get involved in the engagement. Examples of this included our first formal event taking place at the Leeds Society for Deaf and Blind that included a BSL interpreter – this event was captured on video and a subtitled video was produced. In addition two shorter animations were produced, information was made in easy read and our events took place at a range of community venues at different times including weekends.

- 4.2.4 We actively involved elected members and accessed any networks they were able to provide for us. We are confident that we have managed to get views from a range of communities in addition to existing work and research that has taken place locally, regionally and nationally.
- 4.2.5 The area surrounding St Georges UTC is an area of high deprivation and therefore a Priority Neighbourhood for addressing health inequalities. Standardising the offer of urgent care, and improving access into these services is an excellent opportunity to support the city's vision of improving the health of the poorest the fastest in our more deprived communities, for whom access to care and navigating the multiple services can be difficult, resulting in unnecessary attendances across the system. UTCs can provide right service, at the right time, in the right setting first time for urgent care needs in line with Priority 12 of the Leeds Health and Wellbeing Strategy.

4.3. Resources and value for money

- 4.3.1. As described earlier, a collaborative approach was taken in the development of the UTC at St Georges across health and care partners. This proved invaluable in developing the service to best meet the needs of the people, and developing an understanding of the commitment required across system partners.
- 4.3.2 NHS Leeds CCG has invested into the St Georges UTC in addition to the existing contract to support the development of the minor illness service offer and the investment of care navigators to stream people into the minor illness or minor injury queue. As mentioned previously, the minor illness service has highlighted a potential duplication of cost across the services in Leeds, when people attend the UTC with presenting conditions that could be dealt with in routine general practice.
- 4.3.3 To mitigate this potential duplication of cost, St Georges UTC is working with the local General Practices to explore how the services can work more collaboratively together, such as booking into one another's appointment slots to ensure people are seen in the right service. It is hoped this work can evolve and expand with the development of Local Care Partnerships and Primary Care Networks. St Georges UTC is also working with NHS 111 to increase its offer of the number of direct booked appointments it can receive from NHS 111. This will ensure those people requiring an urgent appointment; get an appointment in a timely manner. People receiving booked appointments will hopefully encourage more people to ring NHS 111 prior to attending the UTC.

4.4. Legal Implications, access to information and call in

- 4.4.1. There are no legal, access to information or call-in implications arising from this report

4.5. Risk management

- 4.5.1. It is felt there are two key risks to the St Georges UTC. These are the increase in activity, specifically around minor illness, and that the footprint of the UTC at St Georges is limited.

4.5.2. The below table shows these risks and the mitigation taking place to reduce the risk:

Risk	Mitigation
The increase in activity at the UTC, specifically minor illness	<p>To regularly review and understand the data</p> <p>To work with local practices to establish referral pathways/mechanisms between general practice and the UTC to ensure people are seen in the right service</p> <p>To share with local general practices what is in and out of scope for an UTC to help inform and educate general practice staff</p> <p>Once Primary Care Networks (PCN's) and Local Care Partnerships (LCP's) evolve, to establish robust referral pathways and communication mechanisms aligning the LCP's and PCN's to the UTCs</p>
The footprint for the UTC is constrained at St Georges	<p>Undertake a room audit at the St Georges Centre to identify potential unoccupied rooms</p> <p>Suggest a landlord/tenant forum at St Georges to be established, so topics such as room occupancy can be discussed and maximise any potential opportunities</p>

4.5.3. A risk wider than specifically the St Georges UTC site is that by establishing a network of potentially five UTCs in Leeds, these could end up offering slightly different services, given 3 UTCs will be community based and 2 will be co-located to the Accident and Emergency department. To mitigate this, a clinician UTC development group has been established, which has reviewed all 27 core standards. The clinicians have agreed what the basic, consistent offer will be across all five locations to ensure the UTCs, regardless of location offer the same service.

5. Conclusions

5.1 To conclude, the collaborative approach used was critical to achieve UTC designation status at the St Georges Centre. Through the strategic direction of the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan, all system partners fully committed and engaged in all the identified required actions to ensure successful designation of the UTC.

5.2 The key learning is that more work needs to be done with general practice, PCNs and LCPs to increase awareness of the UTCs, and how to work collaboratively to effectively manage the local demand of the population with their health and care needs.

- 5.3 Similarly, work needs to be undertaken to raise awareness with the local population to make them aware and better informed about UTCs and accessing health and care services
- 5.4 There are two confirmed community UTC sites (St Georges and Wharfedale) and two confirmed co-located UTC sites (St James University Hospital and the Leeds General Infirmary). The third potential community UTC site is Seacroft, however this is subject to the analysis of the 12 week formal engagement and thus not confirmed at this point.
- 5.5 The next steps are:
- Analyse the feedback from the 12 week formal public engagement on the UTC proposals for Leeds and undertake any necessary actions
 - Establish a steering group for the Wharfedale site and using the learning from St Georges, work on achieving all 27 core standards
 - Continue to work with Leeds Teaching Hospital Trust regards the migration of the walk in centre to the St James University Hospital site as part of the phased development of the first co-located UTC in Leeds

6. Recommendations

The Health and Wellbeing Board is asked to:

- Note the role of the Unplanned Care and Rapid Response programme of the Leeds Health and Care Plan in progressing the development of UTCs in line with the Leeds Health and Wellbeing Strategy.
- Provide feedback and continue to support the development of UTCs across the city using learning from St Georges UTC and the next steps outlined.

7. Background documents

None.

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

The UTC at St Georges makes it easier for the people of Leeds to access urgent care services due to UTCs offering a standardised offer of urgent care, removing some of the current variation between services. This makes it easier for all to access urgent care services, ensuring their needs are met by the right service, in the right place first time.

How does this help create a high quality health and care system?

The people of Leeds will receive a consistent offer when they visit an UTC. By working as a network of UTCs in Leeds, this will offer opportunities such as potentially sharing workforce, working across clinical systems and having system wide agreed protocols and pathways. This will offer a high quality, efficient and effective health and care system, maximising outcome and experience of care for the population of Leeds.

How does this help to have a financially sustainable health and care system?

Working collaboratively across general practice and the UTCs will enable the system to better manage the activity within the system, ensuring people get the right treatment, in the right place, at the right time.

Future challenges or opportunities

An opportunity to further support the UTC offer is the development of the Leeds Clinical Assessment and Advice Service (CAS). The CAS service offers a clinical assessment over the phone for those individuals who have rung NHS 111. The aim of the service is that by offering clinical advice over the phone, the number of people requiring a face to face appointment will reduce as clinical advice over the phone is often sufficient to meet the clinical needs of the person. This will give better outcomes for the individual as their needs have been met via a phone call. For those who have been clinically assessed and still require a face to face appointment, they will have an appointment booked for them, into the UTC within the timeframe the clinician feels is appropriate for their urgent care needs. The Leeds Clinical Assessment and Advice Service has recently been piloted and the evaluation has evidenced the Leeds CAS is reducing the volume of face to face activity by approximately 50%. Based on the success of the initial pilot, work is underway to widen the scope of the Leeds CAS offer.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21

A Child Friendly City and the best start in life	
An Age Friendly City where people age well	
Strong, engaged and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	X
A stronger focus on prevention	
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X